



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

Frank W. Kirkland, Executive Director

***NEW DIRECTIONS* MEDICAID WAIVER
PROVIDER/STAFFING AGENCY VENDOR
Statement of Assurances and Compliance**

**For the provision of supports/staff to participants on the Maryland *New Directions* Home and
Community Based Service (HCBS) Medicaid Waiver
FOR OUT-OF-STATE PROVIDER AGENCIES & IN/OUT-OF-STATE
STAFFING AGENCIES**

Name of *New Directions* Waiver Participant: _____

Part 1. PROVIDER/STAFFING AGENCY INFORMATION

Provider/Staffing Agency Vendor Information

Legal Name (of agency)

DBA (Doing Business As) if applicable

Street Address

City

State

Zip Code

(____) _____
Phone

(____) _____
Fax

E-mail

CEO/Administrator

Contact Person

Title

Type of Provider Entity (Check):

☐ Agency/Corporation _____

Federal ID Number

☐ Other (specify): _____

Type of Agency (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Temporary Staffing Agency | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Staffing Agency | <input type="checkbox"/> Supported Employment Provider |
| <input type="checkbox"/> Nursing Staff Agency | <input type="checkbox"/> Other |
| <input type="checkbox"/> Respite Provider | (specify): _____ |

Part 2. MINIMUM QUALIFICATIONS FOR PROVIDER/STAFFING AGENCIES

All Provider/Staffing Agency Vendors providing staff to *New Directions* Waiver participants must be approved by the Developmental Disabilities Administration as part of the participant's Individual Plan and Budget. All Provider/Staffing Agency Vendors must abide by all of the provisions listed in their state licenses (if applicable), the Statement of Assurances and Compliance and all other specified provisions as required by the Maryland Department of Health and Mental Hygiene and the Developmental Disabilities Administration.

General Agency Requirements

- a. Must be a recognized legal entity authorized to do business in the State of Maryland or the State in which incorporated.
- b. Must submit proof of Articles of Incorporation, Certificate of Incorporation, Organization, or Articles of Authority upon the request of the Department of Health and Mental Hygiene and the Developmental Disabilities Administration.
- c. Must comply with any applicable federal, state, county, municipal regulations that govern the operations of the agency; all laws, regulations, and policies of the federal Centers for Medicare and Medicaid and the Maryland Department of Health and Mental Hygiene; and any applicable licensure or certification requirements.
- d. Must provide assurances that appropriate and comprehensive insurance is in force.
- e. Must provide assurances that any individual employed or contracted by the agency meets all standards and requirements of the *New Directions* Waiver including:
 - i. Criminal Background Checks (fee for criminal background checks can not be charged to the waiver participant).
 - ii. CPR and First Aid Certification.
 - iii. Medication Technician Certification (for waiver participants requiring medication administration by staff) under the direction of a Delegating Nurse as governed by the Maryland Board of Nursing or, in a State other than Maryland, the equivalent governing body. See www.mbon.org.
- f. Must provide assurances that any individual employed or contracted by the agency meets all requirements for the specific services provided to the participant including training specific to the needs of the waiver participant.
- g. Must provide copies of all applicable criminal background checks, licenses, training certifications, timesheets, or any other records pertaining to the participant's *New Directions* Waiver services, upon the request of the Maryland Department of Health and Mental Hygiene and the Developmental Disabilities Administration.
- h. As necessary, have a back up staffing plan in place to ensure participant coverage, and procedures in place to notify participants and their Support Brokers of any schedule changes.
- i. Must comply with all IRS requirements governing the classification of support staff as independent contractors vs. employees, and assure compliance with all state and federal tax laws and regulations.

General Individual Requirements

- a. Must demonstrate an ability to read and write adequately to complete required activities and meet service requirements.
- b. Must demonstrate the ability to understand, read and write adequately to provide the services according to the Individual Plan for the participant.
- c. Must possess interpersonal skills necessary to work productively and cooperatively with a participant of the *New Directions* waiver.
- d. Must be in adequate physical health.
- e. Must be willing and able to accept on-going training as required or necessary.
- f. Must submit to a Criminal Background Check.
- g. Must submit to the Provider/Staffing Agency Vendor verification of all licenses, certifications, trainings, experiences, or degrees required by the *New Directions* Waiver.
- h. Must show proof, if an RN supervising Medication Technicians, to the Provider/Staffing Agency Vendor of Delegating Nurse status per Maryland Board of Nursing regulations or, in a State other than Maryland, the equivalent governing body.

**Part 3. *New Directions* Medicaid Waiver Provider/Staffing Agency Vendor
Statement of Assurances and Compliance**

Check off the assurances before signing. Signatures must be from an individual authorized to sign for the Provider/Staffing Agency.

- ☐ 1. Provider/Staffing Agency assures that, if approved, the Provider/Staffing Agency complies and will maintain compliance with all requirements as specified in this application, and all applicable state and federal statutes, regulations and licensure requirements for the approved service(s).

- ☐ 2. Provider/Staffing Agency assures that, if approved, the Provider/Staffing Agency will provide only those Medicaid Home and Community Based Service(s) which have been authorized in the *New Directions* Waiver participant's Individual Plan and Budget, and do so in accordance with this agreement and all of its requirements.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

The Statement of Assurances and Compliance must be attached to the *New Directions* Waiver participant Individual Plan and Budget (or Plan and/or Budget Modification) for approval.

Unsigned/Undated applications will be returned.